



Handwritten initials: HSB

PTO/SB/21 (08-00)

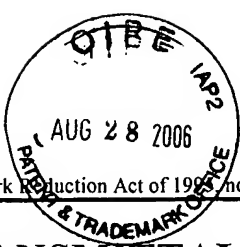
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/607,542
	Filing Date	June 27, 2003
	First Named Inventor	Akihisa SHIMOMURA et al.
	Group Art Unit	2812
	Examiner Name	S. Isaac
Total Number of Pages in This Submission	Attorney Docket Number	0756-7171

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosures 1. 2. 3. 4. 5. 6.
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165
Signature	
Date	August 22, 2006

CERTIFICATE OF MAILING			
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Type or printed name	Rose Fichter		
Signature		Date	August 22, 2006

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**FEE TRANSMITTAL
FOR FY 2005**

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT** (\$180.00)**Complete if Known**

Application Number	10/607,542
Filing Date	June 27, 2003
First Named Inventor	Akihisa SHIMOMURA et al.
Examiner Name	S. Isaac
Group Art Unit	2812
Attorney Docket No.	0756-7171

METHOD OF PAYMENT

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

50-2280

Deposit
Account
NameRobinson Intellectual Property
Law Office

- ☒
- Charge Any Additional Fee Required
-
- Under 37 CFR 1.16 and 1.17 and
-
- credit overpayments

☐ Applicant claims small entity status.
See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:**

☒ Check ☐ Credit Card ☐ Money
Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
1001	300	2001	150	Utility filing fee	
1111	500	2111	250	Search fee	
1311	200	2311	275	Examination fee	
Over 100 Sheets/250 for each additional 50					

SUBTOTAL (1) (\$)**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
	-43** =	\$50	
Independent Claims	-8** =	\$200	
Multiple Dependent			

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
1202	50	2202	25	Claims in excess of 20	
1201	200	2201	100	Independent claims in excess of 3	
1203	360	2203	180	Multiple dependent claim, if not paid	
1204	-200	2204	100	** Reissue independent claims over original patent	
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65 Surcharge - late filing fee or oath	
1052	50	2052	25 Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130 Non-English specification	
1812	2,520	1812	2,520 For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840* Requesting publication of SIR after Examiner action	
1251	120	2251	60 Extension for reply within first month	
1252	450	2252	225 Extension for reply within second month	
1253	1020	2253	510 Extension for reply within third month	
1254	1,590	2254	795 Extension for reply within fourth month	
1255	2,160	2255	1080 Extension for reply within fifth month	
1401	500	2401	250 Notice of Appeal	
1402	500	2402	250 Filing a brief in support of an appeal	
1403	1000	2403	500 Request for oral hearing	
1451	1,510	1451	1,510 Petition to institute a public use proceeding	
1452	500	2452	250- Petition to revive - unavoidable	
1453	1,500	2453	750 Petition to revive - unintentional	
1501	1,400	2501	700 Utility issue fee (or reissue)	
1502	800	2502	400 Design issue fee	
1503	1100	2503	550 Plant issue fee	
1462	400	1462	400 Petitions, Group I	
1463	200	1463	200 Petition, Group II	
1464	130	1464	130 Petitions, Group III	
1807	50	1807	50 Processing fee under 37 CR 1.17(q)	
1806	180	1806	180 Submission of Information Disclosure Stmt	\$180
8021	40	8021	40 Recording each patent assignment per property (times number of properties)	
1809	790	2809	395 Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395 For each additional invention to be examined (37 CFR § 1.29(b))	
1801	790	2801	395 Request for Continued Examination (RCE)	
1802	900	1802	900 Request for expedited examination of a design application	
Other fee (specify) _____				

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$180.00)**CERTIFICATE OF MAILING**

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SUBMITTED BY

Name (Print/Type) Eric J. Robinson

Signature

Registration No.
(Attorney/Agent)

38,285

Complete (if applicable)

Telephone (571) 434-6789

Date August 22, 2006